

sumption, great caution ought to be exercised in the use of mercury in their offspring.

5. Mercury should be administered with great caution, in cases where a child has been sick for a considerable length of time, and when the strength of the child has been very much reduced. In this state of constitutional depression, a single cathartic dose of calomel sometimes proves fatal. We think we have seen more than one case, in which a child has been irretrievably prostrated under these circumstances, under the false impression that calomel is an innocent purgative to a child.

6. The too common practice of giving calomel as an ordinary purge, on all occasions, is certainly unjustifiable. From the facility with which it may be given, it is unquestionably resorted to in a great number of cases, where it is certainly unnecessary, and in a great number where it positively does harm. The misfortune is, that its use is not limited to an occasional dose, but it is too often given in every slight indisposition of the child. Now, in this way, there can be no question that the use of it has laid the foundation for the ruin of the constitutions of thousands. It ought to be a rule laid down and rigidly followed, that in very young children, mercury ought never to be used as a cathartic, unless there is a special reason for resorting to it. In a great majority of cases, milder cathartics are decidedly to be preferred.

In concluding these observations, I trust it may not be supposed, that my intention has been to undervalue the importance of mercury as a remedy in the diseases of children. On the contrary no one appreciates it more highly than myself. In many cases, nothing can supply its place, and its judicious use has been and is, the instrument of saving multitudes of lives. Notwithstanding, however the many cautions to the contrary, it is to be feared that the use of it is still too general and indiscriminate. Indeed, the amount of it which is taken by the human race in one way or other, is incalculable. What is given by regular physicians, is perhaps the smallest quantity. If the public really knew how much of this article is swallowed unknown to themselves, in the shape of bilious pills, worm lozenges, and the white powders of the Homœopaths, they would be amazed at their credulity in deserting their old medical advisers, because they have the boldness to give them an occasional dose, and the honesty to tell them so.

*Amputation for Scrofulous Diseases of the Joints.* By DANIEL BRAINARD, M. D., Professor of Surgery in Rush Medical College, (Ill. and Indiana Med. and Surg. Journ., June and July 1846.)—The object of the author of this interesting paper is to show that in scrofulous diseases of the larger articulations, many limbs which are ordinarily condemned to amputation, might be saved; and he relates the following cases in support of this opinion.

"CASE I.—*Inflammation of the knee, of three months' standing, caries of the bones and suppuration; recovery without amputation.*—Feb. 21, 1838, I was called to visit J. B., a boy of 12 years of age, of scrofulous habit, affected with inflammation of the right knee. The history of the case, as far as ascertained, was as follows:—About three months previously he had a fall, and injured the joint slightly. This was soon followed by slight pain, gradual enlargement and heat, which, increasing, gave rise to constitutional irritation. He was treated with antiphlogistic remedies, but the disease of the joint progressed until the period when I saw him, when it presented the following appearances. The entire limb was much swollen from the toes to the hip, and about the knee there was redness and exquisite tenderness. Several points presented distinct fluctuation, which extended to the popliteal space, downward upon the sides of the leg, and upward to near the hip.

There were great emaciation, dry tongue, frequent pulse, chills, and profuse night sweats, with diarrhœa.

Free openings were made about the joint, which gave exit to an immense quantity of thin, whey-like pus, and on passing a probe, the articular surfaces of the tibia and femur were found rough and carious. The patient was put upon the use of acids, bitter tonics, and anodynes to allay pain, but for two weeks no improvement took place. Amputation was then proposed, but the terror it excited in the patient, and the great aversion of the parents, prevented its acceptance. He was accordingly continued upon a tonic course, and as the serous discharge

from the joint and the adjoining purulent foci, was abundant and offensive, into these were freely injected a solution of sul. copper, gr. iv. to the oz. of water. For two weeks longer, scarcely any change could be perceived, but at the end of this time a diminution and improvement in the quality of the discharge was noticed. Soon after, the great tenderness having been diminished, a many tailed bandage was applied from the ankle to the hip, so as to remove the œdema, and compress the purulent cavities.

As soon as the stomach could retain it, rich beef soup was given. Under this course of treatment there was a gradual improvement, and at the end of June—more than four months from the commencement of the treatment—he was able to walk on crutches,—the knee being ankylosed in the straight position. With the exception of this ankylosis, entire recovery took place, and the young man is at the present time (1846) able to follow a laborious occupation.

CASE II.—*Scrofulous disease of the ankle of six years' standing, suppuration and caries; recovery without amputation.*—Hogan, aged about thirty years. This was a case of scrofulous disease of the ankle, of six years' standing, which came under treatment in the dispensary of the Medical College at Chicago, in the winters of 1843, '44, and '44, '45. Suppuration had continued for a long time, but at length ceased. The limb was emaciated, the joint enlarged, stiff and cold, and the member quite useless. The general health was much impaired, but there were no symptoms indicating danger to his life. He had been an inmate of many hospitals, and amputation had been advised, which he declined from timidity. He was put upon a good diet, with hyd. potass, gr. x, twice daily. This was continued at intervals, for several months. A firm immovable apparatus of starched cotton rollers was applied so as to effect the following objects, viz: preserve perfect immobility of the ankle, gently compress it and preserve its temperature. This treatment was persevered in eighteen months, at the end of which time, only a stiffness and rigidity—the effect of the disease—remained, and in March, 1846, he was in good health, using the limb freely, and pursuing an active employment.

CASE III.—*Chronic Scrofulous disease of the knee, of long standing; suppuration; recovery without amputation.*—July 6, 1843, prescribed for F. M., a girl of 12 years of age, affected for many years with an enlargement of the inferior extremity of the right femur, attended with flexion of the leg to an angle of 45° with the axis of that bone. There was pain, slight and occasional, heat moderate, synovial effusion into the joint considerable, with impaired digestion, and an irritable debilitated state of the constitution. She was put upon a course of tonics with good diet, free exercise in the open air, while the knee was preserved in a state of perfect immobility, and protected from changes of temperature.

For upwards of a year the state of the disease, and the general health improved, so that she commenced to use the limb. This was followed by a return of the heat, pain and swelling, in a greater degree than before, and notwithstanding that these were combated by repose and antiphlogistic treatment, extensive suppuration took place, and a free opening was made with the caustic potash, upon the outside of the joint, Feb. 1, 1845.

Free suppuration, with all its local and constitutional effects, was established, and the same treatment adopted as in the first case, and at the end of five months from the time of making the opening, it was entirely healed, the general health good, and only a false ankylosis, in a partially flexed position remaining. By the use of gently extending means, this is so much removed, that she walks without difficulty, her general health is excellent, and but a few weeks more will be required to entirely straighten the joint.

CASE IV.—*Caries of the Ankle. Long continued suppuration with hectic fever. Amputation and Recovery. Return of the disease in the form of tubercular consumption. Death.*—This case being one in which we were only called occasionally to consult, we were only acquainted with the most prominent facts and not with the details.

It was first seen July 13, 1845, and presented at that time the usual appearances of that articulation when affected with long continued caries and suppuration.

There was also hectic fever with its usual attendants, emaciation, diarrhœa, &c. Amputation was performed by the attending surgeon, on the 18th of August following; the stump healed well, and the patient soon recovered his usual *embonpoint*

and health. Symptoms of phthisis, however, soon developed themselves, and when last visited by us in February, 1843, he was in the last stage of that disease, and died soon after."

Prof. B. states, in the region where he resides, amputation is sometimes culpably resorted to in scrofulous diseases of the larger articulation, even before suppuration or any alarming symptoms have taken place, and he relates the following example.

"December 6, 1845, we were requested to visit W. M., a young man of about 20 years of age, residing 23 miles south from this place, for the purpose of amputating his thigh. We visited him in company with our colleague, Prof. Herrick, and found him in the following state: the right knee was somewhat swollen, red, tender, and painful, without any sign of suppuration.

"Slight irritation of the general system, but no chills, sweats, or diarrhœa. The disease had existed for several years, but so slightly as to allow him to follow some useful employment, and had recently become aggravated while he was undergoing a course of active medication. Of course we declined performing amputation, and advising gentle alteratives, evaporating lotions to the part, with anodynes if the pain was severe, encouraged him to hope that by perseverance, he would preserve not only his life, but a useful limb.

Soon after we learned that amputation had been performed."

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*Case of Vicarious Menstruation from an Ulcer on the right Mamma.* By E. C. BAKER, M. D., of Abbeville. (*Southern Journ. of Med. and Pharm.*, March, 1847.) —The subject of this case was a girl about 20 years of age, who had been suffering for a length of time from an affection of the breast supposed to be cancer, and which had resisted all the popular remedies for the cure of that disease. The patient was anemic and chlorotic when seen by Dr. B., and presented the usual symptoms attendant on those conditions. She was emaciated, had beating of the carotids, skin pale-yellowish, with faint tinge of green, dark areolæ under the eyes, the latter wanting lustre, lips bloodless; easily fatigued on slight exertion, shortness of breath, suffers from "giddiness of head," "much more at times than at others," seldom free from it for the last six months, sometimes amounting to total blindness, which lasts for a few minutes; bowels habitually constipated, fæces indurated, ash-coloured, appetite irregular, indigestion, tongue slimy, moist, foul, covered with a thick yellowish-coloured fur; frequently throws up her food soon after eating. Had never menstruated regularly or freely, and for the last six months, nothing but a thin, pale-yellowish glairy discharge took place at each monthly period, sometimes slightly coloured with blood, and this discharge *now*, in smaller quantities than formerly. On exposing the right mamma, Dr. B. found it much more perfectly developed than could have been expected from her general appearance. The breast was somewhat flaccid, the nipple prominent, the superficial veins running to the nipple larger and more tortuous than natural; the whole having the appearance of a mother's breast, from which the milk had just been drawn. She said it was larger "at times" than at present, and it *was always larger* than the *opposite mamma*, which Dr. B. was not permitted to examine. About  $\frac{1}{4}$  of an inch from the outer edge of the areola, (which was large and well defined,) and immediately under the nipple, was an ulcer with slightly elevated edges, measuring across the base  $1\frac{1}{2}$  inches, with an opening in the centre  $\frac{1}{4}$  of an inch in diameter, at this time covered with a thin scab, which on being removed, and a gentle pressure applied around the base of the ulcer, a few drops of thick mucopurulent matter were discharged, not very offensive to the smell. The ulcer appeared to be of an indolent fistulous nature, not painful to the touch, edges callous, the breast feeling as though a tumour, the size of a hen's egg, occupied the substance of the gland, directly behind the nipple; the tumour was slightly movable. On introducing the probe it passed upwards and backwards  $2\frac{1}{2}$  inches, terminating in a cul-de-sac. From the mother's description of the "cancer," Dr. B. expected to see a bad sore, but he saw no marks about the ulcer indicative of malignancy; the axillary glands were not enlarged or painful, although she suffered pain there when she used her right arm much; the family had not been subject to any scrofulous affections. The mother stated that about *every month the breast enlarged*, the *ulcer inflamed*, and a *discharge of sanious purulent matter* took place, which lasted